

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

Print Name

SS#

Date

General Skills	Frequency				Experience			
Advanced directives	1	2	3	4	1	2	3	4
Patient / family teaching	1	2	3	4	1	2	3	4
Lift / transfer devices	1	2	3	4	1	2	3	4
Specialty beds	1	2	3	4	1	2	3	4
Restrictive devices (restraints)	1	2	3	4	1	2	3	4
End of life care / palliative care	1	2	3	4	1	2	3	4
Wound assessment & care	1	2	3	4	1	2	3	4
Automated medication dispensing	1	2	3	4	1	2	3	4
Bar coding for medication administration	1	2	3	4	1	2	3	4
Diabetic care and education	1	2	3	4	1	2	3	4
Blood Glucose Monitoring (BGM)	1	2	3	4	1	2	3	4
Computerized Charting								
Cerner	1	2	3	4	1	2	3	4
EPIC	1	2	3	4	1	2	3	4
Eclipsys	1	2	3	4	1	2	3	4
McKesson	1	2	3	4	1	2	3	4
Meditech	1	2	3	4	1	2	3	4
National Patient Safety Goals								
Accurate patient identification	1	2	3	4	1	2	3	4
Effective communication	1	2	3	4	1	2	3	4
Interpretation & communication of lab values	1	2	3	4	1	2	3	4
Medication administration	1	2	3	4	1	2	3	4
Labeling (medications & specimens)	1	2	3	4	1	2	3	4
Medication reconciliation	1	2	3	4	1	2	3	4
Anticoagulation therapy	1	2	3	4	1	2	3	4
Pain assessment & management	1	2	3	4	1	2	3	4
Use of PCA (IV, Intrathecal, Epidural)	1	2	3	4	1	2	3	4

Initials _____

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

General Skills - cont.	Frequency				Experience			
Infection control	1	2	3	4	1	2	3	4
Universal precautions	1	2	3	4	1	2	3	4
Isolation	1	2	3	4	1	2	3	4
Minimize risk falls	1	2	3	4	1	2	3	4
Prevention of pressure ulcers	1	2	3	4	1	2	3	4
Use of Rapid Response teams	1	2	3	4	1	2	3	4
Experience								
Acute / inpatient dialysis	1	2	3	4	1	2	3	4
Chronic outpatient dialysis	1	2	3	4	1	2	3	4
Dialysis home care	1	2	3	4	1	2	3	4
Pediatric dialysis	1	2	3	4	1	2	3	4
Apheresis	1	2	3	4	1	2	3	4
Plasmapheresis	1	2	3	4	1	2	3	4
Peritoneal Dialysis								
Continuous Ambulatory Peritoneal Dialysis (CAPD)	1	2	3	4	1	2	3	4
Continuous Cycled Peritoneal Dialysis (CCPD)	1	2	3	4	1	2	3	4
Types of Dialysis								
Continuous Arteriovenous Hemofiltration (CAVH)	1	2	3	4	1	2	3	4
Continuous Venovenous Hemofiltration (CVVH)	1	2	3	4	1	2	3	4
Continuous Arteriovenous Hemodialysis (CAVHD)	1	2	3	4	1	2	3	4
Continuous Venovenous Hemodialysis (CVVHD)	1	2	3	4	1	2	3	4
Dialysis Equipment								
Althin	1	2	3	4	1	2	3	4
Cobe	1	2	3	4	1	2	3	4
Fresenius	1	2	3	4	1	2	3	4
Baxter	1	2	3	4	1	2	3	4
Prisma	1	2	3	4	1	2	3	4
B. Braun Dialog	1	2	3	4	1	2	3	4
Set Up / Initiate Dialysis								
Set up / appropriate equipment	1	2	3	4	1	2	3	4
Bicarbonate dialysate	1	2	3	4	1	2	3	4
Conductivity & pH testing - chlorine / chloramine	1	2	3	4	1	2	3	4
Priming the dialyzer	1	2	3	4	1	2	3	4
Checks for machine / alarm settings	1	2	3	4	1	2	3	4
Prep Vascular Access	1	2	3	4	1	2	3	4
Fistula or graft	1	2	3	4	1	2	3	4
Collect blood specimen	1	2	3	4	1	2	3	4

Initials _____

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

General Skills - cont.	Frequency				Experience			
Assessment of Equipment & Patient During Dialysis								
Predialysis RN assessment	1	2	3	4	1	2	3	4
Volume assessment	1	2	3	4	1	2	3	4
Blood flow rates	1	2	3	4	1	2	3	4
Subjective assessment of response to treatment	1	2	3	4	1	2	3	4
Conductivity meters	1	2	3	4	1	2	3	4
Ultra filtration calculation	1	2	3	4	1	2	3	4
Ultra filtration modeling	1	2	3	4	1	2	3	4
Sodium modeling	1	2	3	4	1	2	3	4
Knowledge of peritoneal dialysis solutions	1	2	3	4	1	2	3	4
Administration of IV push medication / IV pump medications	1	2	3	4	1	2	3	4
Levocarnitine	1	2	3	4	1	2	3	4
Epogen / Aranesp	1	2	3	4	1	2	3	4
Vitamin D derivatives	1	2	3	4	1	2	3	4
Iron replacement	1	2	3	4	1	2	3	4
Administration of Mannitol / Albumin / 23.4% NaCL	1	2	3	4	1	2	3	4
Administration of anti-infectives	1	2	3	4	1	2	3	4
Sequential ultra filtration / PUF / DUF	1	2	3	4	1	2	3	4
Machine / alarm troubleshooting	1	2	3	4	1	2	3	4
Management of a Patient with:								
Cardiac arrest	1	2	3	4	1	2	3	4
Pericarditis	1	2	3	4	1	2	3	4
Air emboli	1	2	3	4	1	2	3	4
Chest pain	1	2	3	4	1	2	3	4
Filter blood leak	1	2	3	4	1	2	3	4
Pyrogenic reactions	1	2	3	4	1	2	3	4
Disequilibrium syndrome	1	2	3	4	1	2	3	4
Hypotension / hypertension	1	2	3	4	1	2	3	4
Muscle cramps	1	2	3	4	1	2	3	4
Catheter declotting protocols	1	2	3	4	1	2	3	4
Anemia	1	2	3	4	1	2	3	4
Neuropathy	1	2	3	4	1	2	3	4
Hemolysis	1	2	3	4	1	2	3	4
Infiltration of an AV access	1	2	3	4	1	2	3	4
Discontinuation of Dialysis Treatment								
Retransfusion procedure	1	2	3	4	1	2	3	4
Dialysis catheter procedure	1	2	3	4	1	2	3	4
Fistula / graft procedure	1	2	3	4	1	2	3	4

Initials _____

Frequency		Experience	
1 Observed Only or Never Done		1 No Experience	
2 Rarely Done (<6 times/year)		2 Some Experience (Requires Assistance)	
3 Occasionally Done (1-2 times/month)		3 Experienced (Performs without Assistance)	
4 Frequently Done (daily or weekly)		4 Very Experienced (Performs Well)	

General Skills - cont.	Frequency				Experience			
Equipment clean up & sterilization	1	2	3	4	1	2	3	4
Biohazard waste procedures	1	2	3	4	1	2	3	4

Skilled Nursing Care	Frequency				Experience			
Charge nurse / management experience	1	2	3	4	1	2	3	4
Cardiac monitoring	1	2	3	4	1	2	3	4
Airway management	1	2	3	4	1	2	3	4
Oxygen therapy	1	2	3	4	1	2	3	4
Oral / nasotracheal suctioning	1	2	3	4	1	2	3	4
Pulse oximetry	1	2	3	4	1	2	3	4
Start & maintain peripheral IVs	1	2	3	4	1	2	3	4
Assessment of circulation / peripheral pulses	1	2	3	4	1	2	3	4
Foley catheter insertion / maintenance	1	2	3	4	1	2	3	4
NG tube insertion / maintenance	1	2	3	4	1	2	3	4
Administration of blood / blood products	1	2	3	4	1	2	3	4
Management of fluid / electrolyte balance	1	2	3	4	1	2	3	4
Seizure precautions	1	2	3	4	1	2	3	4
Knowledge of lab values for ESRD patients	1	2	3	4	1	2	3	4
Knowledge of ESRD dietary recommendations	1	2	3	4	1	2	3	4

Age Specific Competencies	Frequency				Experience			
Newborn / Neonate (Birth-30 days)	1	2	3	4	1	2	3	4
Infant (31 days-1 years)	1	2	3	4	1	2	3	4
Toddler (2-3 years)	1	2	3	4	1	2	3	4
Preschool (ages 4-5 years)	1	2	3	4	1	2	3	4
School Age (ages 6-12 years)	1	2	3	4	1	2	3	4
Adolescents (ages 13-21 years)	1	2	3	4	1	2	3	4
Young Adult (ages 22-39 years)	1	2	3	4	1	2	3	4
Adults (ages 40-64 years)	1	2	3	4	1	2	3	4
Older Adult (ages 65-79 years)	1	2	3	4	1	2	3	4
Elderly (80+ years)	1	2	3	4	1	2	3	4

Initials _____

Frequency		Experience	
1	Observed Only or Never Done	1	No Experience
2	Rarely Done (<6 times/year)	2	Some Experience (Requires Assistance)
3	Occasionally Done (1-2 times/month)	3	Experienced (Performs without Assistance)
4	Frequently Done (daily or weekly)	4	Very Experienced (Performs Well)

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature

Date